

**Alaska Department of Revenue**  
**Permanent Fund Dividend Division**  
**Address Change Form**

Use this form to change your address with the Permanent Fund Dividend (PFD) Division. The PFD Division will apply this address change to current year records and any other prior year records that have not been paid or closed. Attach a letter if you want this address change applied differently. You must be an adult (18 or older) or emancipated to change an address. **All sections required. Requests with incomplete or incorrect information will not be processed.**

<b>Whose address are you changing? Include your name if changing your own address.</b>					
First Name	MI	Last Name	Last four digits SSN	Date of Birth (MM/DD/YY)	ALN - Division Use Only
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<b>Provide NEW MAILING address</b>			<b>Provide NEW PHYSICAL address</b>		
Street/PO Box		Apt #	Street		Apt #
City	State	Zip Code	City	State	Zip Code
Country (if not USA)		Postal Code (if not USA)	Country (if not USA)		Postal Code (if not USA)

<b>Provide OLD MAILING address</b>			<b>Provide OLD PHYSICAL address</b>		
<b>For security purposes, the information that is currently on the record is <u>required</u>. If unsure of the address currently on the record, provide identification at one of PFD's offices or have this Address Change notarized. See back of form.</b>					
Street/PO Box		Apt #	Street		Apt #
City	State	Zip Code	City	State	Zip Code
Country (if not USA)		Postal Code (if not USA)	Country (if not USA)		Postal Code (if not USA)

<b>I certify that I am authorized to change the address of the person(s) listed above. If applicant is a child, the adult who sponsored the application must sign. If signing on behalf of another adult, provide proof of legal authority to sign on their behalf. Unauthorized requests will not be processed.</b>			
<b>SIGNATURE IS REQUIRED FOR ALL ADULTS 18 AND OVER</b>	Adult Signature	Date	Daytime Telephone Number
	Printed name of the person who signed	Social Security Number	Date of Birth
	Adult Signature	Date	Daytime Telephone Number
	Printed name of the person who signed	Social Security Number	Date of Birth
Phone number		Email Address	

**Send this completed form to: Permanent Fund Dividend Division, PO Box 110462, Juneau, AK 99811-0462**  
**Phone (907) 465-2326, Fax (907) 465-3470**

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Permanent Fund Dividend Division

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The information that is currently on the Permanent Fund Dividend record is required. If you do not know the current address information and are unable to provide picture identification at one of PFD's offices, **have all adults who signed the front of the form signature witnessed by a Notary Public below.**

Alaska Postmasters may provide notary requirements. (Postmaster name, title, cancellation stamp, post office location and date)

**Notary** **Adult one**

State of \_\_\_\_\_

\_\_\_\_\_, being by me duly sworn, personally appeared before me and  
*Name of Requestor*  
signed this document. \_\_\_\_\_

*Signature of Requestor*

**Subscribed and sworn** to before me by \_\_\_\_\_ *Name* \_\_\_\_\_ this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

*Notary Seal*

\_\_\_\_\_  
Signature of Notary Public

Notary commission expires: \_\_\_\_\_

**Notary** **Adult two**

State of \_\_\_\_\_

\_\_\_\_\_, being by me duly sworn, personally appeared before me and  
*Name of Requestor*  
signed this document. \_\_\_\_\_

*Signature of Requestor*

**Subscribed and sworn** to before me by \_\_\_\_\_ this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_. *Name of Notary Public*

*Notary Seal*

\_\_\_\_\_  
Signature of Notary Public

Notary commission expires: \_\_\_\_\_

**PFD Division Representative**

\_\_\_\_\_ appeared before me with picture identification.  
*Name of Requestor(s)*

\_\_\_\_\_  
*Printed name of PFD Representative*

\_\_\_\_\_  
*Date*